



MEDICAL EVALUATION OF WORK STATUS

DEPARTMENT OF FIRE AND RESCUE SERVICES

MONTGOMERY COUNTY, MARYLAND

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

DATE OF THIS REPORT: 1 / 1	EMPLOYEE'S NAME: _____ LAST FIRST MI	JOB TITLE:
DIAGNOSIS (FOR OMS ONLY):		
CURRENT TREATMENT & PROGNOSIS (FOR OMS ONLY):		
DATE OF NEXT APPOINTMENT (RE-EVALUATION):		
FOR LICENSED HEALTH CARE PROVIDER'S USE ONLY - PLEASE CHECK ONE BOX ONLY.		
<input type="checkbox"/> FULL DUTY: Employee is qualified to work in FULL DUTY status, without physical restrictions. Note: Duty status in this category includes all activities listed in the Firefighter/Rescuer Position Description on the back of this form.		
<input type="checkbox"/> LIGHT DUTY: Employee is not qualified for full duty at this time. Employee can work in a temporary, Light Duty capacity for the Department of Fire and Rescue Services, at the discretion of the employer. Light Duty positions are not permanent positions. Light Duty assignments are generally clerical or administrative in nature, and include working either 4-10 hour days or 5-8 hour days. Please check off the restrictions that apply while on light duty:		
<input type="checkbox"/> May only lift/carry up to ____ lbs.	<input type="checkbox"/> May not push/pull objects	<input type="checkbox"/> May not reach above shoulder
<input type="checkbox"/> May not use fingers (poor dexterity)	<input type="checkbox"/> May not use right hand/arm	<input type="checkbox"/> May not use left hand/arm
<input type="checkbox"/> May not stand/walk	<input type="checkbox"/> May not sit for extended periods of time	<input type="checkbox"/> May not climb stairs/ramps
<input type="checkbox"/> May not climb ladders/ropes	<input type="checkbox"/> May not bend, stoop, lean, crawl on hands and knees	<input type="checkbox"/> May not drive vehicles with automatic transmission
<input type="checkbox"/> May not be exposed to excessive heat	<input type="checkbox"/> May not drive vehicles with manual transmission	<input type="checkbox"/> May not be exposed to excessive dryness
<input type="checkbox"/> May not be exposed to excessive cold	<input type="checkbox"/> May not be exposed to contact vibrations	<input type="checkbox"/> May not be exposed to fumes, smoke, gasses, odors
<input type="checkbox"/> May not be exposed to excessive humidity	<input type="checkbox"/> May not be exposed to the elements (outdoor, weather)	
<input type="checkbox"/> May not be exposed to excessive noise		
<input type="checkbox"/> May not be exposed to intense light		
<input type="checkbox"/> May not work in enclosed, cramped spaces		
Employee is taking medications with the following side effects: _____		
Other: _____		
Date of anticipated improvement so that employee may start full duty _____.		
IF "NO DUTY" STATUS IS NECESSARY, PLEASE FILL OUT THE NEXT SECTION COMPLETELY:		
<input type="checkbox"/> NO DUTY: Employee is temporarily incapacitated and unable to perform any work. Employee is on home rest/hospital rest for ____ days.		
Date of anticipated improvement so that employee may start light duty _____.		
Date of anticipated improvement so that employee may start full duty _____.		
REMARKS: _____		
THIS REPORT IS: <input type="checkbox"/> INITIAL <input type="checkbox"/> EXTENSION <input type="checkbox"/> FINAL	LICENSED HEALTH CARE PROVIDER (LHCP): I have read and understand the information on position descriptions for full and light duty as described on the front and back of this page. _____ PRINTED NAME SIGNATURE	LHCP PHONE # (____) - ____ - ____ area phone number code

SEE BACK OF THIS FORM FOR FULL DUTY PHYSICAL SKILLS REQUIREMENTS

EMPLOYEE: YOU MUST SEND THE WHITE COPY TO OMS VIA HAND DELIVERY OR MAIL IN A SEALED ENVELOPE

AD88001 REVISED 7/95 WHITE-COUNTY MEDICAL YELLOW-PERSONNEL FILE PINK-EMPLOYEE